

Illinois Department of Public Aid

no. H200-03-1

ILLINOIS MEDICAL ASSISTANCE PROGRAM PROVIDER BULLETIN

October 6, 2003

TO: Enrolled Hospitals – Chief Executive Officers, Chief Financial Officers, and Patient Accounts Managers; and Renal Dialysis Facilities

RE: UPDATES TO RENAL DIALYSIS INJECTABLE DRUG COVERAGE AND RATES

The department currently allows an add-on payment for certain injectable drugs billed on UB-92 outpatient renal dialysis claims (category of service 25). This bulletin identifies changes the department has made to drug coverage and rates. These changes do not affect the State Renal Program.

Effective with dates of service on or after January 1, 2003, the department will provide reimbursement for the following new HCPCS injectable drug codes:

- J2501 Injection, Paricalcitol, (Zemplar) 1 mcg.
- J2916 Injection, Sodium Ferric Gluconate Complex in Sucrose, (Ferrlecit) 12.5 mg.
- J0636 Injection, Calcitriol, (Calcijex) 0.1 mcg.

Effective with dates of service on or after October 1, 2003, the following HCPCS injectable drug codes are obsolete and will no longer be reimbursable:

- J0635 Injection, Calcitriol, (Calcijex) 1 mcg.
- J2500 Injection, Paricalcitol, (Zemplar) 5 mcg.
- J2915 Injection, Sodium Ferric Gluconate Complex in Sucrose, (Ferrlecit) 62.5 mg/5 cc
- J1755 Injection, Iron Sucrose, (Venofer) 20 mg/cc
- W0237 Injection, Paricalcitol, (Zemplar) 1 mcg.

 As with other covered injectable drugs, providers must utilize revenue code 636 (Drugs Requiring Detailed Coding) in Form Locator 42 of the UB-92 to denote the drug revenue line, and indicate the HCPCS code in Form Locator 44. These new codes and corresponding rates are identified in the attached table.

This bulletin and replacement page for the Handbook for Hospitals referencing the drug coverage changes are available on the department's Web site at

http://www.state.il.us/dpa/provider_release_bulletins.htm. Since the department revised coverage or rate information for every drug identified in the table, these revisions are acknowledged by a single "=" to the left of the title line in the table. Please note that the Handbook for Hospitals is not currently available on the Web site.

Paper copies of the replacement page, as well as an entire handbook, may be obtained by written request. To ensure delivery, you must specify a physical street address when requesting a paper copy. You may submit your written request to the address below, or fax or e-mail it as noted:

Illinois Department of Public Aid Provider Participation Unit Post Office Box 19114 Springfield, Illinois 62794-9114

Fax Number: 217-557-8800 / E-Mail Address: PPU@mail.idpa.state.il.usT

Instructions for updating the Handbook for Hospitals:

Replace page one of Appendix H-18 dated July 2002 with the attached revised page one dated September 2003. Providers may wish to retain the July 2002 page as a reference.

=RENAL DIALYSIS INJECTABLE DRUG HCPCS CODES AND PAYMENT SCHEDULE

DRUG	DOSAGE/ UNITS	MAXIMUM DOSAGE/ UNITS PER VISIT	HCPCS	RATE EFF. DATE	RATE	COVERAGE END DATE
Calcitriol (Calcijex)	1 mcg I unit	4 mcg 4 units	J0635	01/01/03	\$16.30	09/30/03
Cefazolin	500 mg	2 gm	J0690	10/01/03	\$1.85	
Sodium	1 unit	4 units				
Cefoxitin	1 gm	2 gm	J0694	10/01/03	\$9.54	
Sodium	1 unit	2 units	T1 500	10/01/02	Φ0.72	
Gentamicin	80 mg	400 mg	J1580	10/01/03	\$0.72	
Sulfate Vancomycin	1 unit 500 mg	5 units 2 gm	J3370	10/01/03	\$7.44	
vancomycm	1 unit	4 units	33370	10/01/03	\$7.44	
Tobramycin	80 mg	400 mg	J3260	10/01/03	\$5.74	
Sulfate	1 unit	5 units	33200	10/01/03	ψ3.74	
Vitamin K/ Aquamephyton	10 mg 1 unit	50 mg 5 units	J3430	10/01/03	\$4.40	
Iron Dextran	50 mg/cc 1 unit	100 mg/2 cc 2 units	J1750	10/01/03	\$16.02	
Paricalcitol (Zemplar)	1 mcg 1 unit	2 mcg 2 units	W0237	01/01/03	\$6.30	09/30/03
Paricalcitol (Zemplar)	5 mcg 1 unit	20 mcg 4 units	J2500	01/01/03	\$32.70	09/30/03
Sodium Ferric Gluconate Complex in Sucrose (Ferrlecit)	62.5 mg/5 cc 1 unit	125 mg/10 cc 2 units	J2915	01/01/03	\$48.75	09/30/03
Doxercalciferol (Hectoral)	1 mcg/0.5 cc 1 unit	6 mcg/3 cc 6 units	J1270	10/01/03	\$6.01	
Venofer	20 mg/cc 1 unit	100 mg/5 cc 5 units	J1755	01/01/03	\$15.60	09/30/03
Cathflo	1 mg	4 mg	J2997	10/01/03	\$28.79	
Activase	1 unit	4 units				
Paricalcitol	1 mcg	20 mcg	J2501	01/01/03	\$5.74	
(Zemplar)	1 unit	20 units	12017	01/01/02	Φ0.7.5	
Sodium Ferric Gluconate Complex in Sucrose (Ferrlecit)	12.5 mg 1 unit	125 mg 10 units	J2916	01/01/03	\$8.56	
Calcitriol (Calcijex)	0.1 mcg 1 unit	4 mcg 40 units	J0636	01/01/03	\$1.35	

The above table identifies the lowest amount for a dosage of the drug. If the dose given is less than the amount listed for the dosage of the drug, the units field, Form Locator 46, must reflect one dose. If the dosage is one plus a portion of the amount listed, the dosage must be rounded up to the nearest whole number.